

MEDICAL RECORD			Consultation Report: Clinical Center Pain and Palliative Care	
Date of Visit: / / Time : HR	Protocol Number:	Location/Phone:	Age:	Referring Clinician/Phone/Pager:
Primary Diagnosis: Current Problem:			Current Medications and Herbal Therapies: Allergy/Intolerance: <input type="checkbox"/> None known	
Review of Symptoms:				
<div><div><input type="checkbox"/> Weight change <input type="checkbox"/> Appetite <input type="checkbox"/> Fatigue <input type="checkbox"/> Nausea/ vomiting <input type="checkbox"/> Dysphagia/ indigestion <input type="checkbox"/> Oral problems: pain/ lesions <input type="checkbox"/> Diarrhea/ constipation <input type="checkbox"/> Hiccoughs <input type="checkbox"/> Dyspnea/ cough <input type="checkbox"/> Skin problems- rash/ pruritis <input type="checkbox"/> Heart rhythm irregularities <input type="checkbox"/> Edema/ swelling</div><div><input type="checkbox"/> Headache <input type="checkbox"/> Sleep problems: insomnia/ parasomnia/ night sweats <input type="checkbox"/> Sensory disturbances: visual/ balance/ hearing/ taste/ tactile <input type="checkbox"/> Motor problems <input type="checkbox"/> Concentration/ memory problems <input type="checkbox"/> Alertness/ confusion problems <input type="checkbox"/> Depression <input type="checkbox"/> Fears/ anxiety/ agitation <input type="checkbox"/> Urinary/ sexual problems <input type="checkbox"/> Intimacy</div></div>				
Past History:			Psychosocial History:	
Surgeries:			M / W / D / S -Partner's Name: _____	
Physical Illnesses:			Children/ Pets:	
Psychiatric History:			Living arrangements:	
Family History:			Occupation/ education:	
Smoking history: _____ pack years. Date stopped:_____			Financial issues:	
Alcohol/ illicit drugs:			Recreational interests:	
			Exercise history:	
			Cultural impact:	
			Coping style:	
			Spiritual:	
			Faith:	
			Importance:	
			Community:	
			Need to address in care:	
Patient Identification			Consultation Report: Clinical Center Pain & Palliative Care NIH-546-5 (2-03) P.A. 09-25-0099 File in Section 2: Consultations, Other	

MEDICAL RECORD**Consultation Report: Clinical Center
Pain and Palliative Care — Continued**

Pertinent Physical Findings:

Home/ Work/ Leisure History:

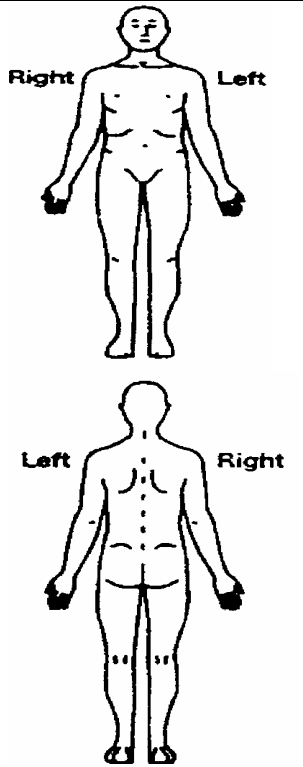
Has patient cut down on time in activities?

Does patient need assistance for self care?

Does patient have difficulty performing activities?

Does patient need assistance to perform activities?

Has patient accomplished less than desired in his/her activities?

	Symptom	#1 Pain (or name other):	#2:	#3:
	Nature/ onset/ descriptors/ characteristics:			
	Present Intensity (0-10) (0 = best 10 = worst)			
	Best/worst/acceptable:	/ /	/ /	/ /
	Aggravating factors:			
	Alleviating factors:			
	Previous treatments/ results:			
	Patient questions/concerns:			
Patient goals:				

Impression:

Recommendations:

Education:

Follow-up:

Consultant Name:

Consultant Signature

Title: